BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	on/or Docket Number
09	1688,457

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			108				ſ	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/ M minus 20=		· 88			X\$ 9=		OR	X\$18=	15840
INDEPENDENT CLAIMS					. 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	ı	TOTAL		OR	TOTAL	444
CLAIMS AS AMENDED - PART II								'		•	OTHER	THAN
	(Column 1) (Column 2) (Colum							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T (0) A114			X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		۱ ا	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		(O - I 4)		10 - 1 -	O)	(O - 1 0)		ADDIT. FEE	<u> </u>	J OI1.	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3) I	1 r		4001	1 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	1 [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		J ∤					
					+135=		OR	+270=				
		_	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colui	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		 			υ α		
• 1	the entry in colu	L	+135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	